

 <p>Financial Assistance Award</p> <p>DENALI COMMISSION 510 L Street, Suite 410 Anchorage, Alaska 99501 (907) 271-1414 (phone) (907) 271-1415 (fax) www.denali.gov</p>		Award Number	01150-02		
		Award Title	Primary Care in Hospitals FY 2009		
		Performance Period	June 1, 2009 through June 30, 2013		
		Recipient Organization & Address			
Authority 112 Stat 1854	CFDA Number 90.100	ALASKA STATE HOSPITAL & NURSING HOME ASSN 426 Main St Juneau, AK 99801-1152			
Denali Commission Finance Officer Certification		Ms. Jennifer Price 01/03/2012 Phone: 907 646-1444 Recipient DUNS # 826912909 TIN # 920034538			
Cost Share Distribution Table					
Accounting Code	New Funding		Prior Period Funding		Total
	Denali Commission	Other Contributors	Denali Commission	Other Contributors	
95670000AL	\$0.00		\$1,526,746.00		\$1,526,746.00
	\$0.00		\$0.00		\$0.00
	\$0.00		\$0.00		\$0.00
	\$0.00		\$0.00		\$0.00
	\$0.00		\$0.00		\$0.00
Cost Share Match		\$0.00		\$1,535,652.00	\$1,535,652.00
		\$0.00		\$0.00	\$0.00
		\$0.00		\$0.00	\$0.00
		\$0.00		\$0.00	\$0.00
		\$0.00		\$0.00	\$0.00
Total	\$0.00	\$0.00	\$1,526,746.00	\$1,535,652.00	\$3,062,398.00
This Financial Assistance Award approved by the Federal Co-Chair of the Denali Commission constitutes an obligation of federal funding.					
Award Conditions to the Financial Assistance Award Between the Denali Commission and Alaska State Hospital and Nursing Home Association For Primary Care in Hospitals FY 2009 Award No. 1150, Amendment 2					
All changes to the award conditions are noted below.					
1. Award Performance Period The amended Award performance period is June 1, 2009 through June 30, 2013. This is the period during which Award recipients can incur obligations or costs against this Award.					
There are no other changes to the original Financial Assistance Award, as amended.					
Signature of Authorized Official - Denali Commission		Typed Name and Title		Date	
Electronically Signed		Mr. Joel Neimeyer Federal Co-Chair		12/27/2011	